

## Intermediate Equine Camp

June 16-June 18, 2022

Ages 14-17

Cost to attend: \$200



# The Education Center

AT JOHN DE LA HOWE

### Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

*Information is confidential and used for statistical accounting.*

#### Agricultural Background

*Do you have any experience with horses? Yes or No.*

*Please describe your experience.*

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*Please explain why you would like to attend this camp.*

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*Do you own your own horse? If so, are you able to provide proof of Coggins, and if you are from out of state, a Certificate of Health?*

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### References

*Please list one equestrian related reference.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

### Parent/Guardian Signature

*Parent or Guardian Signature.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print: \_\_\_\_\_